

SIBLEY MATERIAL MOVEMENTS LIMITED
APPLICATION FOR EMPLOYMENT

Please print clearly and complete all questions as fully as possible in your own handwriting

Circle YES / NO : Example YES / NO

PERSONAL

Title: MR /MRS / MS / or other

SurnameForenames.....

Address:Telephone Numbers: Private

..... Business.....

..... Date of Birth:

..... Age next Birthday:

Post Code: Married/Partner/Single.....Children.....

National Insurance No.

Are you legally eligible for employment in the U.K.? YES / NO

Do you have any physical condition which could limit your ability to perform the particular job for which you are applying? YES / NO

Are you allergic to anything? YES / NO

If yes please give details:

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Do you have a D.V.L.A. Notifiable medical condition - YES / NO

If yes please give details below:-

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Driver No.

Please state Date passed Driving Test Valid from/...../..... To...../...../.....

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Please state below driving licence(s) held:-

<u>Type (Car/LGV/PCV)</u>	<u>Licence /Permit No.</u>	<u>Issued By</u>	<u>Expiration Date</u>
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Is your Driver's Licence Clean? YES / NO If no please give details

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How long have you had your 'C' H.G.V. / L.G.V. Licence?YearsMonths

Please state Date passed 'C' H.G.V. / L.G.V. Test/...../.....

'C' Licence H.G.V. / L.G.V. Licence Clean? YES / NO

Have you used/been driving on your 'C' Licence H.G.V. / L.G.V. Licence? YES / NO

If Yes - How long have you used your 'C' H.G.V. / L.G.V. Licence?YearsMonths

Do you suffer from any medical condition that the D.V.L.A. is notified of - YES / NO

If yes please give details below:-

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Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974? YES / NO

EMPLOYMENT

Position applied for:

Pay expected: £.....per Hour

Would you work full time? YES / NO

Part-time state days/hours

Are you able to work Saturdays and/or Sundays if required? YES / NO

Are you fully conversant with Tachographs and the Laws regarding the use of? YES / NO

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How many years have you worked in an H.G.V. Workshop for?years.....months

Have you passed City & Guilds:-

- | | |
|---|----------|
| 1 | YES / NO |
| 2 | YES / NO |
| 3 | YES / NO |
-

Have you operated a:-

- | | |
|-----------------------|----------|
| Vehicle Lift | YES / NO |
| Brake Roller Tester | YES / NO |
| Tipping Equipment | YES / NO |
| Hydraulic Press | YES / NO |
| Arc Welding Equipment | YES / NO |
| Gas Welding Equipment | YES / NO |
| Tyre Recutter | YES / NO |

Have you taken:- Vehicles to M.O.T. Stations YES / NO

Have you worked on:-

- | | |
|-------------|----------|
| E.R.F. | YES / NO |
| LEYLAND | YES / NO |
| LEYLAND DAF | YES / NO |

Others please state

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Have you worked on:-

- | | |
|-----------------------|----------|
| Twin Splitters | YES / NO |
| Range Changes | YES / NO |
| Cummins Engines | YES / NO |
| Perkins/Rolls Engines | YES / NO |
| Rockwell Axles | YES / NO |

Have you had any accidents in the last 3 years ? YES / NO

If you have answered yes please give details below:-

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In the past 5 years have you been involved in any motor accidents and/or received any traffic violations:- YES / NO

If you have answered yes please give details below:-

<u>DATE</u>	<u>ACCIDENT /TRAFFIC VIOLATION</u>	<u>LOCATION</u>	<u>PENALTY</u>
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If offered this position, will you continue to work in any other capacity? YES / NO

Have you previously worked for us? YES / NO If Yes, when?

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On what date would you be available for work?

EDUCATION

<u>LIST BELOW: SCHOOLS/COLLEGE/UNIVERSITY</u>	<u>EXAMINATIONS AND RESULTS</u>
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Please outline the skills and experience you have gained through paid employment and other work activities and interests which are relevant to your application of this job. For example: Hiab Crane, Fork Truck Certificate, C.P.C. etc.

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Membership Trade Union: Yes/No If yes state which:

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EMPLOYMENT HISTORY

List below present and past employment for the last 5 years, beginning with your most recent, giving years of employment, salaries and reasons for leaving.

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I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s) and why you do not wish us to contact them:-

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Please give two referees from previous employment:-

1)	2)
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The facts set forth in this application for employment are, to the best of my knowledge, true and complete.

Permission is granted to Sibley Material Movements Limited to check the validity of the information given and to refer to the appropriate Licensing Authority and/or to my previous employer(s)

Signed

Print Name

Date.....